

In re Suzanne Victoria Medina  
**Debtor**

Case No. 2:10-bk-36981-RJH  
**(If known)**

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor’s own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an “H,” “W,” “J,” or “C” in the column labeled “Husband, Wife, Joint, or Community.” If the debtor holds no interest in real property, write “None” under “Description and Location of Property.”

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write “None” in the column labeled “Amount of Secured Claim.”

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C – Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Euclid House  STREET ADDRESS: 15 East Euclid Ave Phoenix, AZ 85042  LEGAL DESCRIPTION: Lot 315, THUNDERBIRD COUNTRY CLUB ESTATES, a subdivision recorded in Book 84 of Maps, page 38, records of Maricopa County, Arizona.	Fee Simple	C	88,000.00	81,626.35
Ellis House  STREET ADDRESS: 6603 West Ellis Drive Laveen, AZ 85339  LEGAL DESCRIPTION: Lot 29, RANCHOS GRANDE DOS, a subdivision recorded in Book 153 of Maps, Page 16, Records of Maricopa County, Arizona.	Fee Simple	C	200,000.00	Exceeds Value

Total ➤ 288,000.00

(Report also on Summary of Schedules.)

In re Suzanne Victoria MedinaCase No. 2:10-bk-36981-RJH

Debtor

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See. 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking Account Compass Bank Account ending in 3558	C	0.00
		Checking Account Desert Schools Credit Union Account ending in 8485	C	0.00
		Savings Account Desert Schools Credit Union Account ending in 3804	C	140.00
		Savings Account Compass Bank Account ending in 0203	C	0.00
		Savings Account Arizona State Credit Union Account ending 7005-00 (bank refuses to close account or return \$5.00)	C	5.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Household Goods & Furnishings	C	2,763.00
5. Books. Pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothing	W	150.00
7. Furs and jewelry.		Costume jewelry	W	20.00
		Wedding ring (sawed off)	W	50.00

In re Suzanne Victoria Medina  
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Case No. 2:10-bk-36981-RJH  
**(If known)**

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Retirement Account Fidelity Investments Account Ending 67066	W	53,654.86
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			

In re Suzanne Victoria Medina  
Debtor

Case No. 2:10-bk-36981-RJH  
(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. §101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2005 Chrysler 300 Vehicle has severe body damage	C	1,757.42
		1999 Chevy Tahoe In estranged husband's possession	C	2,975.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.		Food & Provisions	C	962.89
0 continuation sheets attached Total				\$ 62,478.17

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

In re Suzanne Victoria MedinaCase No. 2:10-bk-36981-RJH**Debtor****(If known)****SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)

☐ 11 U.S.C. § 522(b)(2)☐ Check if debtor claims a homestead exemption that exceeds \$146,450\*.☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Household Goods & Furnishings	ARS § 33-1123	4,000.00	2,763.00
2005 Chrysler 300	ARS § 33-1125(8)	5,000.00	1,757.42
Savings Account	ARS § 33-1126(8)	150.00	140.00
Clothing	ARS § 33-1125(1)	500.00	150.00
Retirement Account	ARS §33-1126B	100% of FMV	53,654.86
Food & Provisions	ARS § 33-1124	100% of FMV	962.89
Wedding ring (sawed off)	ARS § 33-1125(4)	1,000.00	50.00

\*Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

## B6D (Official Form 6D) (12/07)

In re Suzanne Victoria Medina,Case No: 2:10-bk-36981-RJH

Debtor

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 004-160-108-540-76  Chase Home Finance PO Box 24714 Columbus, OH 43224	X	Incurred: 2004 Lien: Second Deed of Trust Security: Ellis House  VALUE \$ 200,000.00				53,738.55	53,738.55 This amount based upon existence of Superior Liens
ACCOUNT NO. Loan1  Fidelity Investments 82 Devonshire St Boston, MA 02109		Incurred: 6/5/2007 Security: Retirement Account  VALUE \$ 53,654.86				5,396.85	0.00
ACCOUNT NO. 19126692  Wells Fargo Financial 1963 Bell Ave Des Moines, IA 50315-1000		Incurred: 2007 Lien: Deed of Trust Security: 6603 W. Ellis Dr.  VALUE \$ 200,000.00				400,542.02	200,542.02
Subtotal (Total of this page) ▶						\$ 459,677.42	\$ 254,280.57
Total (Use only on last page) ▶						\$	\$

1 continuation sheets attached

(Report also on  
Summary of Schedules)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

In re Suzanne Victoria Medina,Case No. 2:10-bk-36981-RJH

Debtor

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 0183330737	X	Incurred: 2007 Lien: First Deed of Trust Security: Euclid House				81,626.35	0.00
Wells Fargo Home Mortgage PO Box 10335 Des Moines, IA 50306		VALUE \$ 100,000.00					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					

Sheet no. 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

Subtotal (s) (Total(s) of this page)	\$ 81,626.35	\$ 0.00
Total(s) (Use only on last page)	\$ 541,303.77	\$ 254,280.57

(Report also on  
Summary of Schedules)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

In re Suzanne Victoria Medina  
DebtorCase No. 2:10-bk-36981-RJH  
(if known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

\*Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.



**B6E (Official Form 6E) (04/10) - Cont.**

In re Suzanne Victoria Medina  
Debtor

Case No. 2:10-bk-36981-RJH  
(if known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

*\* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

0 continuation sheets attached

In re Suzanne Victoria Medina,Case No. 2:10-bk-36981-RJH  
(If known)

Debtor

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 7005-75 Arizona State Credit Union 2355 W Pinnacle Peak Rd Phoenix, AZ 85027-1261		Incurred: 2009 - 2010 Consideration: Line of Credit				516.73
ACCOUNT NO. 4305-5003-8737-1183 Bank of America PO Box 1390 Norfolk, VA 23501-1390		Consideration: Credit card debt				10,319.12
ACCOUNT NO. 4889-9329-9827-3083 Bank of America PO Box 15137 Wilmington, DE 19850-5137		Incurred: 2004 Consideration: Credit card debt				5,165.00
ACCOUNT NO. 4305-5003-8737-1183 Bank of America PO Box 60069 City Of Industry, CA 91716-0069		Consideration: Credit card debt				Notice Only
13 continuation sheets attached						Subtotal ➤ \$ 16,000.85
						Total ➤ \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re Suzanne Victoria Medina,  
DebtorCase No. 2:10-bk-36981-RJH  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4305-5003-8737-1183 Bank of America PO Box 60502 City of Industry, CA 91716-0502		Consideration: Credit card debt				Notice Only
ACCOUNT NO. 25792953 Banner Estrella Medical Center PO Box 18 Phoenix, AZ 85001	X	Incurred: 3/11/2009 Consideration: Medical Services				100.00
ACCOUNT NO. 26468116 Banner Estrella Medical Center PO Box 2978 Phoniex, AZ 85062-2978	X	Incurred: 10/8/2009 Consideration: Medical Services				100.00
ACCOUNT NO. 1303747 Bureau of Medical Economics 326 E. Coronado Road Phoenix, AZ 85004		Collecting for Emergency Professional Services Pc				Notice Only
ACCOUNT NO. 4266-8411-0057-9752 Chase Cardmember Services PO Box 15049 Wilmington, DE 19850-5049		Consideration: Credit card debt				Notice Only

Sheet no. 1 of 13 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal &gt; \$ 200.00

Total &gt; \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Suzanne Victoria Medina,  
DebtorCase No. 2:10-bk-36981-RJH  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4266-8411-0057-9752 Chase Cardmember Services PO Box 15298 Wilmington, DE 19850-5298	X	Incurred: 2004 Consideration: Credit card debt				3,159.99
ACCOUNT NO. 4266-8411-0057-9752 Chase Cardmember Services PO Box 15299 Wilmington, DE 19850-5299		Consideration: Credit card debt				Notice Only
ACCOUNT NO. 4266-8411-0057-9752 Chase Cardmember Services PO Box 15548 Wilmington, DE 19886-5548		Consideration: Credit card debt				Notice Only
ACCOUNT NO. 4266-8411-0057-9752 Chase Cardmember Services PO Box 94014 Palatino, IL 60094-4014		Consideration: Credit card debt				Notice Only
ACCOUNT NO. 004-160-108-540-76 Chase Home Loans 2901 Kinwest Pkwy, Fl 3, Ste 300 Irving, TX 75063						Notice Only

Sheet no. 2 of 13 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal &gt; \$ 3,159.99

Total &gt; \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Suzanne Victoria Medina,  
DebtorCase No. 2:10-bk-36981-RJH  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 004-160-108-540-76 Chase Home Loans 3415 Vision Dr. Columbus, OH 43219						Notice Only
ACCOUNT NO. 004-160-108-540-76 Chase Home Loans Mail Code OH4-7164 PO Box 24785 Columbus, OH 43224-0785						Notice Only
ACCOUNT NO. 504-994-805-624-2755 Citi Cards PO Box 182149 Columbus, OH 43218-2149		Consideration: Credit card debt				Notice Only
ACCOUNT NO. 5424-1806-7029-3932 Citi Cards PO Box 6000 The Lakes, NV 89163-6000	X	Incurred: 2009 - 2010 Consideration: Credit card debt				Notice Only
ACCOUNT NO. 504-994-805-624-2755 Citi Cards PO Box 6276 Sioux Falls, SD 57117		Consideration: Credit card debt				Notice Only

Sheet no. 3 of 13 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal &gt; \$ 0.00

Total &gt; \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Suzanne Victoria Medina,  
DebtorCase No. 2:10-bk-36981-RJH  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5424-1806-7029-3932 Citi Cards PO Box 6408 The Lakes, NV 88901-6408		Consideration: Credit card debt				Notice Only
ACCOUNT NO. 504-994-805-624-2755 Citibank South Dakota, NA 701 E 60th Street N Sioux Falls, SD 57104-0432	X	Incurred: 2004 - 2008 Consideration: Credit card debt				6,150.12
ACCOUNT NO. 504-994-805-624-2755 Citibank South Dakota, NA PO Box 6286 Sioux Falls, SD 57117		Incurred: 2008 - 2009 Consideration: Credit card debt				2,514.93
ACCOUNT NO. 14014633 Collection Bureau of America PO Box 5013 Hayward, CA 94540-5013		Collecting for DS Waters of America, Inc.				Notice Only
ACCOUNT NO. BAN150-322274-8 Collection Service Bureau 2901 N 78th St Scottsdale, AZ 85251		Consideration: Medical Services Collecting for Banner Estrella Medical Center				Notice Only

Sheet no. 4 of 13 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal &gt; \$ 8,665.05

Total &gt; \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Suzanne Victoria Medina,  
DebtorCase No. 2:10-bk-36981-RJH  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 25792953 Collection Service Bureau PO Box 310 Scottsdale, AZ 85252		Consideration: Medical Services Collecting For Banner Estrella Medical Center				Notice Only
ACCOUNT NO. 29276337 Direct TV PO Box 6650 Greenwood Village, CO 80155-6550	X	Incurred: 2010 Consideration: Utilities				237.63
ACCOUNT NO. 29276337 Direct TV PO Box 78626 Phoenix, AZ 85062-8626	X	Consideration: Utilities				Notice Only
ACCOUNT NO. 6011-0002-0077-3442 Discover Card PO Box 15316 Wilmington, DE 19850-5316		Consideration: Credit card debt				Notice Only
ACCOUNT NO. 6011-0002-0077-3442 Discover Card PO Box 29033 Phoenix, AZ 85038-9033		Consideration: Credit card debt				Notice Only

Sheet no. 5 of 13 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal &gt; \$ 237.63

Total &gt; \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Suzanne Victoria Medina,  
DebtorCase No. 2:10-bk-36981-RJH  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6011-0002-0077-3442 Discover Card PO Box 3008 New Albany, OH 43054-3008		Consideration: Credit card debt				Notice Only
ACCOUNT NO. 6011-0002-0077-3442 Discover Card PO Box 30421 Salt Lake, UT 84130-0421		Consideration: Credit card debt				Notice Only
ACCOUNT NO. 6011-0002-0077-3442 Discover Card PO Box 30943 Salt Lake City, UT 84130	X	Incurred: 2002 Consideration: Credit card debt				1,680.18
ACCOUNT NO. 6011-0002-0077-3442 Discover Card PO Box 30945 Salt Lake City, UT 84130		Consideration: Credit card debt				Notice Only
ACCOUNT NO. 6011-0002-0077-3442 Discover Card PO Box 6103 Carol Stream, IL 60197-6103		Consideration: Credit card debt				Notice Only

Sheet no. 6 of 13 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal &gt; \$ 1,680.18

Total &gt; \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)



In re Suzanne Victoria Medina,  
DebtorCase No. 2:10-bk-36981-RJH  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4420812 DS Waters of America, Inc. Sparkletts 3302 W Earll Dr Phoenix, AZ 85017		Incurred: 2010 Consideration: Utilities				795.95
ACCOUNT NO. 080025098 & 1303747 Emergency Professional Services Pc PO Box 15070 Scottsdale, AZ 85267	X	Incurred: 10/13/2008 Consideration: Medical Services				1,967.00
ACCOUNT NO. B-19475379 ER Solutions, Inc. PO Box 9004 Renton, WA 98057		Consideration: Utilities Collecting for Qwest				Notice Only
ACCOUNT NO. 88249453/88147228 Grant & Weber Arizona, Inc. 14795 N 78th Wy, Ste 800 Scottsdale, AZ 85260		Consideration: Medical Services Collecting for St. Joseph's Hospital & Medical Center				Notice Only
ACCOUNT NO. 222425.001 Guglielmo & Associates 3040 N Campbell Ave, Ste 100 Tucson, AZ 85719		Consideration: Credit card debt Collecting for Discover				Notice Only

Sheet no. 7 of 13 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal &gt; \$ 2,762.95

Total &gt; \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Suzanne Victoria Medina,  
DebtorCase No. 2:10-bk-36981-RJH  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 222425.001 Guglielmo & Associates PO Box 41688 Tucson, AZ 85719		Consideration: Credit card debt Collecting for Discover				Notice Only
ACCOUNT NO. 10101725025 Maryvale Hospital PO Box 975256 Dallas, TX 75397-0001		Consideration: Medical Services				Notice Only
ACCOUNT NO. 10101725025 Maryvale Hospital Processing Center PO Box 6195 Reading, PA 19610	X	Incurred: 10/3/2008 Consideration: Medical Services				101.70
ACCOUNT NO. None Mr. Robert Jordan 4414 West Paseo Way Laveen, Arizona 85339		Incurred: 7/2010 Consideration: Lease Obligations				41,850.00
ACCOUNT NO. Account ending 9752 Northstar Location Services, LLC 4285 Genesee St Cheektowaga, NY 14225-1943		Collecting for Chase Bank				Notice Only

Sheet no. 8 of 13 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal &gt; \$ 41,951.70

Total &gt; \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

**B6F (Official Form 6F) (12/07) - Cont.**

In re Suzanne Victoria Medina,  
Debtor

Case No. 2:10-bk-36981-RJH  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6022379783F9701 Qwest PO Box 29040 Phoenix, AZ 85038-9040		Incurred: 2010 Consideration: Utilities				220.60
ACCOUNT NO. 4266-8411-0057-9752 Sears PO Box 6937 The Lakes, NV 88901-6937		Incurred: 2002 Consideration: Credit card debt				2,365.00
ACCOUNT NO. CC2010-006067RC Seidberg Law Office, PC PO Box 7290 Phoenix, AZ 85011		Incurred: 7/2009 Attorney for Citibank				Notice Only
ACCOUNT NO. 862-810-006 SRP PO Box 52025 Phoenix, AZ 85072-2025	X	Incurred: 2010 Consideration: Utilities				742.07
ACCOUNT NO. 862-810-006 SRP PO Box 80062 Prescott, AZ 86304-8062		Consideration: Utilities				Notice Only

Sheet no. 9 of 13 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 3,327.67

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Suzanne Victoria Medina,  
DebtorCase No. 2:10-bk-36981-RJH  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. B5015777 St. Joseph's Hospital 20819 72nd Ave S, Ste 305 Kent, WA 98032	X	Incurred: 8/2008 Consideration: Medical Services				24.00
ACCOUNT NO. K18146119 St. Joseph's Hospital & Medical Center CHW PFS File 57123 Los Angeles, CA 90074-7132		Consideration: Medical Services				Notice Only
ACCOUNT NO. K18146119 St. Joseph's Hospital & Medical Center PO Box 33349 Phoenix, AZ 85067	X	Incurred: 11/2008 Consideration: Medical Services				400.00
ACCOUNT NO. K20580773 & K18446408 St. Joseph's Physician Business Services PO Box 33269 Phoenix, AZ 85067-3269	X	Incurred: 8/2008 Consideration: Medical Services				63.00
ACCOUNT NO. 10-46632 Tiffany & Bosco, PA Third Fl Camelback Esplanade II 2525 E Camelback Rd Phoenix, AZ 85016-4237		Collecting for Wells Fargo Home Mortgage				Notice Only

Sheet no. 10 of 13 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal &gt; \$ 487.00

Total &gt; \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Suzanne Victoria Medina,  
DebtorCase No. 2:10-bk-36981-RJH  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. BNKCMPSH2 TRS Recovery Services, Inc. 5251 Westheimer Houston, TX 77056		Consideration: Medical Services Collecting for Compass Bank				Notice Only
ACCOUNT NO. BNKCMPSH2 TRS Recovery Services, Inc. PO Box 10566 Birmingham, AL 35296		Collecting for Compass Bank				Notice Only
ACCOUNT NO. 19126692 Wells Fargo Financial 4143 121st St Urbandale, IA 50323						Notice Only
ACCOUNT NO. 19126692 Wells Fargo Financial 521 SE Chkalov Dr Vancouver, WA 98683						Notice Only
ACCOUNT NO. 19126692 Wells Fargo Financial 800 Walnut St MAC F4031-080 Des Moines, IA 50309						Notice Only
Sheet no. <u>11</u> of <u>13</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$ 0.00 Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Suzanne Victoria Medina,  
DebtorCase No. 2:10-bk-36981-RJH  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 19126692 Wells Fargo Financial PO Box 660449 Dallas, TX 75266-0449						Notice Only
ACCOUNT NO. 0183330737 Wells Fargo Home Mortgage 3476 Stateview Blvd MAC X7801-013 Fort Mill, SC 29715						Notice Only
ACCOUNT NO. 0183330737 Wells Fargo Home Mortgage PO Box 10368 Des Moines, IA 50306-0368						Notice Only
ACCOUNT NO. 0183330737 Wells Fargo Home Mortgage PO Box 14411 Des Moines, IA 50306-3411						Notice Only
ACCOUNT NO. 0183330737 Wells Fargo Home Mortgage PO Box 30427 Los Angeles, CA 90030						Notice Only

Sheet no. 12 of 13 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal &gt; \$ 0.00

Total &gt; \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

## B6F (Official Form 6F) (12/07) - Cont.

In re Suzanne Victoria Medina,  
DebtorCase No. 2:10-bk-36981-RJH  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0183330737						Notice Only
Wells Fargo Home Mortgage PO Box 9039 Temecula, CA 92589-9039						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 13 of 13 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal &gt; \$ 0.00

Total &gt; \$ 78,473.02

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Suzanne Victoria Medina

Case No. 2:10-bk-36981-RJH

Debtor (if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor’s interest in contract, i.e., “Purchaser,” “Agent,” etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child’s initials and the name and address of the child’s parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child’s name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR’S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Mr. Robert Jordan 4414 West Paseo Way Laveen, Arizona 85339	Residential Rental (Debtor is Tenant)
Elizabeth Paredes 15 East Euclid Ave Phoenix, AZ 85042	Residential Rental (Debtor is landlord)



In re Suzanne Victoria MedinaCase No. 2:10-bk-36981-RJH**Debtor****(if known)****SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Ruben M. Medina, Jr. 6603 W. Ellis Dr. Laveen, AZ 85339	Citi Cards PO Box 6286 Sioux Falls, SD 57117
Ruben M. Medina, Jr. 6603 W. Ellis Dr. Laveen, AZ 85339	Citi Cards PO Box 6000 The Lakes, NV 89163-6000
Ruben M. Medina, Jr. 6603 W. Ellis Dr. Laveen, AZ 85339	Discover Card PO Box 30943 Salt Lake City, UT 84130
Ruben M. Medina, Jr. 6603 W. Ellis Dr. Laveen, AZ 85339	Chase Cardmember Services PO Box 15298 Wilmington, DE 19850-5298
Ruben M. Medina, Jr. 6603 W. Ellis Dr. Laveen, AZ 85339	Chase Home Equity PO Box 24714 Columbus, OH 43224
Ruben M. Medina, Jr. 6603 W. Ellis Dr. Laveen, AZ 85339	Wells Fargo Home Mortgage PO Box 10335 Des Moines, IA 50306
Alicia Medina c/o Gloria Galindo 3823 West Lamar Rd Phoenix, AZ 85019	Emergency Professional Services Pc PO Box 15070 Scottsdale, AZ 85267
Ruben M. Medina, Jr. 6603 W. Ellis Dr. Laveen, AZ 85339	Qwest PO Box 29040 Phoenix, AZ 85038-9040

In re Suzanne Victoria MedinaCase No. 2:10-bk-36981-RJHDebtor(if known)

## SCHEDULE H - CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Ruben M. Medina, Jr. 6603 W. Ellis Dr. Laveen, AZ 85339	Direct TV PO Box 6650 Greenwood Village, CO 80155-6550
Ruben M. Medina, Jr. 6603 W. Ellis Dr. Laveen, AZ 85339	SRP PO Box 80062 Prescott, AZ 86304-8062
Alicia Medina c/o Gloria Galindo 3823 West Lamar Rd Phoenix, AZ 85019	Maryvale Hospital Processing Center PO Box 6195 Reading, PA 19610
Alicia Medina c/o Gloria Galindo 3823 West Lamar Rd Phoenix, AZ 85019	Banner Estrella Medical Center PO Box 18 Phoenix, AZ 85001
Alicia Medina c/o Gloria Galindo 3823 West Lamar Rd Phoenix, AZ 85019	Banner Estrella Medical Center PO Box 2978 Phoenix, AZ 85062-2978
Alicia Medina c/o Gloria Galindo 3823 West Lamar Rd Phoenix, AZ 85019	St. Joseph's Physician Business Services PO Box 33269 Phoenix, AZ 85067-3269
Alicia Medina c/o Gloria Galindo 3823 West Lamar Rd Phoenix, AZ 85019	St. Joseph's Hospital 20819 72nd Ave S, Ste 305 Kent, WA 98032
Alicia Medina c/o Gloria Galindo 3823 West Lamar Rd Phoenix, AZ 85019	St. Joseph's Hospital & Medical Center PO Box 33349 Phoenix, AZ 85067
Alicia Medina c/o Gloria Galindo 3823 West Lamar Rd Phoenix, AZ 85019	Elizabeth Paredes 15 East Euclid Ave Phoenix, AZ 85042

**B6I (Official Form 6I) (12/07)**In re Suzanne Victoria MedinaCase 2:10-bk-36981-RJH**Debtor****(if known)****SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: <u>Separated</u>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): <u>Daughter, Daughter</u>	AGE(S): <u>21, 9</u>
<b>Employment:</b>	<b>DEBTOR</b>	<b>SPOUSE</b>
Occupation	<u>Director, Spanish Sites</u>	
Name of Employer	<u>MLB Advanced Media</u>	
How long employed	<u>5 yrs, 4 mos</u>	
Address of Employer	<u>2415 E. Camelback Road, Suite 850</u>	<u>N.A.</u>
	<u>Phoenix, AZ 85016</u>	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions

(Prorate if not paid monthly.)

DEBTOR	SPOUSE
\$ <u>6,826.82</u>	\$ <u>N.A.</u>

2. Estimated monthly overtime

\$ <u>0.00</u>	\$ <u>N.A.</u>
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3. SUBTOTAL

\$ <u>6,826.82</u>	\$ <u>N.A.</u>
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4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security

- b. Insurance

- c. Union Dues

- d. Other (Specify:
- 401(k) - \$546.14; 401(k) loan - \$264.80
- )

\$ <u>1,234.78</u>	\$ <u>N.A.</u>
\$ <u>0.00</u>	\$ <u>N.A.</u>
\$ <u>0.00</u>	\$ <u>N.A.</u>
\$ <u>810.94</u>	\$ <u>N.A.</u>

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ <u>2,045.72</u>	\$ <u>N.A.</u>
--------------------	----------------

- 6.. TOTAL NET MONTHLY TAKE HOME PAY

\$ <u>4,781.10</u>	\$ <u>N.A.</u>
--------------------	----------------

7. Regular income from operation of business or profession or farm

(Attach detailed statement)

\$ <u>0.00</u>	\$ <u>N.A.</u>
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8. Income from real property

\$ <u>0.00</u>	\$ <u>N.A.</u>
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9. Interest and dividends

\$ <u>0.00</u>	\$ <u>N.A.</u>
----------------	----------------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.

\$ <u>0.00</u>	\$ <u>N.A.</u>
----------------	----------------

11. Social security or other government assistance

(Specify) \_\_\_\_\_

\$ <u>0.00</u>	\$ <u>N.A.</u>
----------------	----------------

12. Pension or retirement income

\$ <u>0.00</u>	\$ <u>N.A.</u>
----------------	----------------

13. Other monthly income \_\_\_\_\_

(Specify) \_\_\_\_\_

\$ <u>0.00</u>	\$ <u>N.A.</u>
----------------	----------------

\$ <u>0.00</u>	\$ <u>N.A.</u>
----------------	----------------

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ <u>0.00</u>	\$ <u>N.A.</u>
----------------	----------------

15. AVERAGE MONTHLY INCOME (Add amounts shown on Lines 6 and 14)

\$ <u>4,781.10</u>	\$ <u>N.A.</u>
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16. COMBINED AVERAGE MONTHLY INCOME (Combine column totals from line 15)

\$ <u>4,781.10</u>	
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(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

None

In re Suzanne Victoria MedinaCase No. 2:10-bk-36981-RJH**Debtor****(if known)****SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>1,350.00</u>
a. Are real estate taxes included? Yes <u>✓</u> No _____	
b. Is property insurance included? Yes <u>✓</u> No _____	
2. Utilities: a. Electricity and heating fuel	\$ <u>270.00</u>
b. Water and sewer	\$ <u>165.00</u>
c. Telephone	\$ <u>0.00</u>
d. Other <u>Cable/internet</u>	\$ <u>150.00</u>
3. Home maintenance (repairs and upkeep)	\$ <u>100.00</u>
4. Food	\$ <u>625.00</u>
5. Clothing	\$ <u>110.00</u>
6. Laundry and dry cleaning	\$ <u>50.00</u>
7. Medical and dental expenses	\$ <u>1,194.64</u>
8. Transportation (not including car payments)	\$ <u>280.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ <u>100.00</u>
10. Charitable contributions	\$ <u>20.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ <u>15.00</u>
b. Life	\$ <u>0.00</u>
c. Health	\$ <u>0.00</u>
d. Auto	\$ <u>227.00</u>
e. Other _____	\$ <u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify) _____	\$ <u>0.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ <u>0.00</u>
b. Other _____	\$ <u>0.00</u>
c. Other <u>Childcare</u>	\$ <u>125.00</u>
14. Alimony, maintenance, and support paid to others	\$ <u>0.00</u>
15. Payments for support of additional dependents not living at your home	\$ <u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ <u>0.00</u>
17. Other <u>Cell Phone (used for work)</u>	\$ <u>199.01</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)	<b>\$ <u>4,980.65</u></b>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:	
None	
20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ <u>4,781.10</u>
b. Average monthly expenses from Line 18 above	\$ <u>4,980.65</u>
c. Monthly net income (a. minus b.)	\$ <u>-199.55</u>

# United States Bankruptcy Court

## District of Arizona

In re Suzanne Victoria Medina  
Debtor

Case No. 2:10-bk-36981-RJH

Chapter 7

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

#### AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A – Real Property	YES	1	\$ 288,000.00		
B – Personal Property	YES	3	\$ 62,478.17		
C – Property Claimed as exempt	YES	1			
D – Creditors Holding Secured Claims	YES	2		\$ 541,303.77	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	14		\$ 78,473.02	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	2			
I - Current Income of Individual Debtor(s)	YES	1			\$ 4,781.10
J - Current Expenditures of Individual Debtors(s)	YES	1			\$ 4,980.65
<b>TOTAL</b>		28	\$ 350,478.17	\$ 619,776.79	

# United States Bankruptcy Court

## District of Arizona

In re Suzanne Victoria Medina  
Debtor

Case No. 2:10-bk-36981-RJH

Chapter 7

### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

#### State the Following:

Average Income (from Schedule I, Line 16)	\$ 4,781.10
Average Expenses (from Schedule J, Line 18)	\$ 4,980.65
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ 6,826.82

#### State the Following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 254,280.57
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 78,473.02
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 332,753.59

In re Suzanne Victoria MedinaCase No. 2:10-bk-36981-RJH

Debtor

(If known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 30 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date November 23, 2010Signature: /s/ Suzanne Victoria Medina

Debtor:

Date \_\_\_\_\_

Signature: Not Applicable

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,  
of Bankruptcy Petition Preparer

Social Security No.  
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the \_\_\_\_\_ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date \_\_\_\_\_

Signature: \_\_\_\_\_

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

# UNITED STATES BANKRUPTCY COURT

## District of Arizona

In Re Suzanne Victoria MedinaCase No. 2:10-bk-36981-RJH  
(if known)

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	AMOUNT	SOURCE
2010	\$74,476.90	MLB Advanced Media
2009	\$83,041.14	MLB Advanced Media
2008	\$83,232.39	MLB Advanced Media



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**2. Income other than from employment or operation of business**

None

☐

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT		SOURCE
2010	\$7,500.41	Rental Income (\$7,500, paid to estranged husband); Bank Interest (\$0.41)
2009	\$7,207.00	Rental Income (\$7,000, paid to estranged husband); Bank Interest (\$207)

---

**3. Payments to creditors**

None

☐

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Mr. Robert Jordan 4414 West Paseo Way Laveen, Arizona 85339	Monthly on the 1st	\$1,350.00 each	\$41,850.00

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None

☒

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\*Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after date of adjustment.

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
--	-------------------	-------------	--------------------

None



c. *All debtors:* List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR  
AND RELATIONSHIP TO DEBTOR

DATES OF  
PAYMENTS

AMOUNT PAID

AMOUNT STILL  
OWING

**4. Suits and administrative proceedings, executions, garnishments and attachments**

None



a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT  
AND CASE NUMBER

NATURE OF PROCEEDING

COURT OR  
AGENCY AND LOCATION

STATUS OR  
DISPOSITION

Citibank (South Dakota),  
NA  
vs. Ruben Medina, Jr. and  
Jane Doe  
Case No.  
CC2010-006067-RC

Collection

South Mountain Justice Court  
Maricopa County, Arizona

Judgment

Citibank  
vs. Ruben Medina &  
Suzanne V. Medina  
Case No.: TJ2009-009992

Collection

Superior Court  
Maricopa County, Arizona

Judgment

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF  
PERSON FOR WHOSE BENEFIT  
PROPERTY WAS SEIZED

DATE OF  
SEIZURE

DESCRIPTION AND  
VALUE OF PROPERTY

Sears/Citibank  
PO Box 688956  
Des Moines, IA 50368-8956

2009

25% of estranged husband's  
commission on 2 real estate  
closings

---

**5. Repossessions, foreclosures and returns**

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND  
ADDRESS OF  
CREDITOR OR SELLER

DATE OF REPOSESSION,  
FORECLOSURE SALE,  
TRANSFER OR RETURN

DESCRIPTION AND  
VALUE OF PROPERTY

---

**6. Assignments and Receiverships**

None



a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND  
ADDRESS OF  
ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF  
ASSIGNMENT  
OR SETTLEMENT

---

None



b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND  
ADDRESS OF  
CUSTODIAN

NAME AND LOCATION  
OF COURT CASE TITLE  
& NUMBER

DATE OF  
ORDER

DESCRIPTION AND  
VALUE OF PROPERTY

---

**7. Gifts**

None



List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND  
ADDRESS OF  
PERSON OR ORGANIZATION

RELATIONSHIP  
TO DEBTOR, IF ANY

DATE OF  
GIFT

DESCRIPTION AND  
VALUE OF GIFT

---

**8. Losses**

None



List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION  
AND VALUE  
OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS  
WAS COVERED IN WHOLE OR IN PART BY  
INSURANCE, GIVE PARTICULARS

DATE OF  
LOSS

---

**9. Payments related to debt counseling or bankruptcy**

None



List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS  
OF PAYEE

DATE OF PAYMENT,  
NAME OF PAYOR IF  
OTHER THAN DEBTOR

AMOUNT OF MONEY OR  
DESCRIPTION AND  
VALUE OF PROPERTY

Green Path  
8505 Country Club Dr, Ste 210  
Farmington Hill, MI 48331

10/11/2010

\$100.00

James F Kahn  
James F. Kahn, P.C.  
301 E. Bethany Home Road  
Suite C-195  
Phoenix, AZ 85012

9/30/2010  
Payor: Baseball Assistance Team, Inc.

\$2,500.00 Fees  
\$299.00 Filing Fee

---

**10. Other transfers**

None



a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE,  
RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY  
TRANSFERRED AND  
VALUE RECEIVED

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

None



NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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#### 11. Closed financial accounts

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
Arizona State Credit Union 1812 W Monroe St Phoenix, AZ 85007	Checking Account Account No. 157087005 Closing Balance: \$0.00	Overdrawn \$342 - bank closed 2/2010

#### 12. Safe deposit boxes

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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#### 13. Setoffs

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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**14. Property held for another person**

None ☒ List all property owned by another person that the debtor holds or controls.

☒

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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**15. Prior address of debtor**

None ☒

☒

If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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**16. Spouses and Former Spouses**

None ☐

☐

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

Ruben M. Medina Jr.

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**17. Environmental Sites**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

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None ☒

☒

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
--	---------------	-----------------------

#### 18. Nature, location and name of business

None



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



NAME	ADDRESS
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**[Questions 19 - 25 are not applicable to this case]**

\* \* \* \* \*

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date November 23, 2010 Signature of Debtor /s/ Suzanne Victoria Medina  
SUZANNE VICTORIA MEDINA

0 continuation sheets attached

**Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §152 and 3571**

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and required under 11U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110(c).)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.*

Address

X  
Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

**A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. §156.**



# UNITED STATES BANKRUPTCY COURT

## District of Arizona

In re Suzanne Victoria Medina, Debtor, Case No. 2:10-bk-36981-RJH  
Chapter 7

### CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

**PART A** - Debts secured by property of the estate. (*Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.*)

Property No. 1	
<b>Creditor's Name:</b> Well Fargo Home Mortgage	<b>Describe Property Securing Debt:</b> Euclid House
<p>Property will be (<i>check one</i>):</p> <p> <input checked="" type="checkbox"/> Surrendered           <span style="margin-left: 100px;"><input type="checkbox"/> Retained</span> </p> <p>If retaining the property, I intend to (<i>check at least one</i>):</p> <p> <input type="checkbox"/> Redeem the property  <input type="checkbox"/> Reaffirm the debt  <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. §522(f)).           </p> <p>Property is (<i>check one</i>):</p> <p> <input type="checkbox"/> Claimed as exempt           <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Not claimed as exempt</span> </p>	

Property No. 2 ( <i>if necessary</i> )	
<b>Creditor's Name:</b> Wells Fargo Financial	<b>Describe Property Securing Debt:</b> Ellis House
<p>Property will be (<i>check one</i>):</p> <p> <input checked="" type="checkbox"/> Surrendered           <span style="margin-left: 100px;"><input type="checkbox"/> Retained</span> </p> <p>If retaining the property, I intend to (<i>check at least one</i>):</p> <p> <input type="checkbox"/> Redeem the property  <input type="checkbox"/> Reaffirm the debt  <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. §522(f)).           </p> <p>Property is (<i>check one</i>):</p> <p> <input type="checkbox"/> Claimed as exempt           <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Not claimed as exempt</span> </p>	

**PART B** - Personal property subject to unexpired leases. *(All three columns of Part B must be completed for Each unexpired lease. Attach additional pages if necessary.)*

Property No. 1 NO Leased Property		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

Property No. 2 <i>(if necessary)</i>		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

Property No. 3 <i>(if necessary)</i>		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

1 continuation sheets attached *(if any)*

**I declare under penalty of perjury that the above indicates my intention as to any property of my Estate securing debt and/or personal property subject to an unexpired lease.**

Date: November 23, 2010

/s/ Suzanne Victoria Medina  
Signature of Debtor

Signature of Joint Debtor

## CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

(Continuation Sheet)

### PART A - Continuation

Property No: 3	
<b>Creditor's Name:</b> Chase Home Finance	<b>Describe Property Securing Debt:</b> Ellis House
<p>Property will be (check one):</p> <p> <input checked="" type="checkbox"/> Surrendered           <span style="margin-left: 100px;"><input type="checkbox"/> Retained</span> </p> <p>If retaining the property, I intend to (check at least one):</p> <p> <input type="checkbox"/> Redeem the property  <input type="checkbox"/> Reaffirm the debt  <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).           </p> <p>Property is (check one):</p> <p> <input type="checkbox"/> Claimed as exempt           <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Not claimed as exempt</span> </p>	

Property No: 4	
<b>Creditor's Name:</b> Fidelity Investments	<b>Describe Property Securing Debt:</b> Retirement Account
<p>Property will be (check one):</p> <p> <input type="checkbox"/> Surrendered           <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Retained</span> </p> <p>If retaining the property, I intend to (check at least one):</p> <p> <input type="checkbox"/> Redeem the property  <input type="checkbox"/> Reaffirm the debt  <input checked="" type="checkbox"/> Other. Explain <u>retain, keep current</u> _____ (for example, avoid lien using 11 U.S.C. § 522(f)).           </p> <p>Property is (check one):</p> <p> <input checked="" type="checkbox"/> Claimed as exempt           <span style="margin-left: 100px;"><input type="checkbox"/> Not claimed as exempt</span> </p>	

# United States Bankruptcy Court

## District of Arizona

In re Suzanne Victoria Medina  
**Debtor**

Case No. 2:10-bk-36981-RJH  
**(If known)**

### CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

#### Certification of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code

\_\_\_\_\_  
 Printed name and title, if any, of Bankruptcy Petition Preparer  
 Address:

\_\_\_\_\_  
 Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
 (Required by 11 U.S.C. § 110.)

X  
 \_\_\_\_\_  
 Signature of Bankruptcy Petition Preparer or officer,  
 Principal, responsible person, or partner whose Social  
 Security number is provided above.

#### Certification of the Debtor

I, (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code

Suzanne Victoria Medina  
 Printed Names(s) of Debtor(s)

X /s/ Suzanne Victoria Medina November 23, 2010  
 Signature of Debtor Date

Case No. (if known) 2:10-bk-36981-RJH

X \_\_\_\_\_  
 Signature of Joint Debtor, (if any) Date

**Instructions:** Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

ALICIA MEDINA C/O GLORIA GALINDO 3823 WEST LAMAR RD PHOENIX, AZ 85019	ARIZONA STATE CREDIT UNION 2355 W PINNACLE PEAK RD PHOENIX, AZ 85027-1261	BANK OF AMERICA PO BOX 1390 NORFOLK, VA 23501-1390
BANK OF AMERICA PO BOX 15137 WILMINGTON, DE 19850-5137	BANK OF AMERICA PO BOX 60069 CITY OF INDUSTRY, CA 91716-0069	BANK OF AMERICA PO BOX 60502 CITY OF INDUSTRY, CA 91716-0502
BANNER ESTRELLA MEDICAL CENTER PO BOX 18 PHOENIX, AZ 85001	BANNER ESTRELLA MEDICAL CENTER PO BOX 2978 PHONIEX, AZ 85062-2978	BUREAU OF MEDICAL ECONOMICS 326 E. CORONADO ROAD PHOENIX, AZ 85004
CHASE CARDMEMBER SERVICES PO BOX 15049 WILMINGTON, DE 19850-5049	CHASE CARDMEMBER SERVICES PO BOX 15298 WILMINGTON, DE 19850-5298	CHASE CARDMEMBER SERVICES PO BOX 15299 WILMINGTON, DE 19850-5299
CHASE CARDMEMBER SERVICES PO BOX 15548 WILMINGTON, DE 19886-5548	CHASE CARDMEMBER SERVICES PO BOX 94014 PALATINO, IL 60094-4014	CHASE HOME FINANCE PO BOX 24714 COLUMBUS, OH 43224
CHASE HOME LOANS 2901 KINWEST PKWY, FL 3, STE 300 IRVING, TX 75063	CHASE HOME LOANS 3415 VISION DR. COLUMBUS, OH 43219	CHASE HOME LOANS MAIL CODE OH4-7164 PO BOX 24785 COLUMBUS, OH 43224-0785
CITI CARDS PO BOX 182149 COLUMBUS, OH 43218-2149	CITI CARDS PO BOX 6000 THE LAKES, NV 89163-6000	CITI CARDS PO BOX 6276 SIOUX FALLS, SD 57117
CITI CARDS PO BOX 6408 THE LAKES, NV 88901-6408	CITIBANK SOUTH DAKOTA, NA 701 E 60TH STREET N SIOUX FALLS, SD 57104-0432	CITIBANK SOUTH DAKOTA, NA PO BOX 6286 SIOUX FALLS, SD 57117
COLLECTION BUREAU OF AMERICA PO BOX 5013 HAYWARD, CA 94540-5013	COLLECTION SERVICE BUREAU 2901 N 78TH ST SCOTTSDALE, AZ 85251	COLLECTION SERVICE BUREAU PO BOX 310 SCOTTSDALE, AZ 85252
DIRECT TV PO BOX 6650 GREENWOOD VILLAGE, CO 80155-6550	DIRECT TV PO BOX 78626 PHOENIX, AZ 85062-8626	DISCOVER CARD PO BOX 15316 WILMINGTON, DE 19850-5316

DISCOVER CARD PO BOX 29033 PHOENIX, AZ 85038-9033	DISCOVER CARD PO BOX 3008 NEW ALBANY, OH 43054-3008	DISCOVER CARD PO BOX 30421 SALT LAKE, UT 84130-0421
DISCOVER CARD PO BOX 30943 SALT LAKE CITY, UT 84130	DISCOVER CARD PO BOX 30945 SALT LAKE CITY, UT 84130	DISCOVER CARD PO BOX 6103 CAROL STREAM, IL 60197-6103
DS WATERS OF AMERICA, INC. SPARKLETTS 3302 W EARLL DR PHOENIX, AZ 85017	ELIZABETH PAREDEZ 15 EAST EUCLID AVE PHOENIX, AZ 85042	EMERGENCY PROFESSIONAL SERVICES PC PO BOX 15070 SCOTTSDALE, AZ 85267
ER SOLUTIONS, INC. PO BOX 9004 RENTON, WA 98057	FIDELITY INVESTMENTS 82 DEVONSHIRE ST BOSTON, MA 02109	GRANT & WEBER ARIZONA, INC. 14795 N 78TH WY, STE 800 SCOTTSDALE, AZ 85260
GUGLIELMO & ASSOCIATES 3040 N CAMPBELL AVE, STE 100 TUCSON, AZ 85719	GUGLIELMO & ASSOCIATES PO BOX 41688 TUCSON, AZ 85719	MARYVALE HOSPITAL PO BOX 975256 DALLAS, TX 75397-0001
MARYVALE HOSPITAL PROCESSING CENTER PO BOX 6195 READING, PA 19610	MR. ROBERT JORDAN 4414 WEST PASEO WAY LAVEEN, ARIZONA 85339	NORTHSTAR LOCATION SERVICES, LLC 4285 GENESEE ST CHEEKTOWAGA, NY 14225-1943
QWEST PO BOX 29040 PHOENIX, AZ 85038-9040	RUBEN M. MEDINA, JR. 6603 W. ELLIS DR. LAVEEN, AZ 85339	SEARS PO BOX 6937 THE LAKES, NV 88901-6937
SEIDBERG LAW OFFICE, PC PO BOX 7290 PHOENIX, AZ 85011	SRP PO BOX 52025 PHOENIX, AZ 85072-2025	SRP PO BOX 80062 PRESCOTT, AZ 86304-8062
ST. JOSEPH'S HOSPITAL 20819 72ND AVE S, STE 305 KENT, WA 98032	ST. JOSEPH'S HOSPITAL & MEDICAL CENTER CHW PFS FILE 57123 LOS ANGELES, CA 90074-7132	ST. JOSEPH'S HOSPITAL & MEDICAL CENTER PO BOX 33349 PHOENIX, AZ 85067
ST. JOSEPH'S PHYSICIAN BUSINESS SERVICES PO BOX 33269 PHOENIX, AZ 85067-3269	TIFFANY & BOSCO, PA THIRD FL CAMELBACK ESPLANADE II 2525 E CAMELBACK RD PHOENIX, AZ 85016-4237	TRS RECOVERY SERVICES, INC. 5251 WESTHEIMER HOUSTON, TX 77056

TRS RECOVERY SERVICES, INC.  
PO BOX 10566  
BIRMINGHAM, AL 35296

WELLS FARGO FINANCIAL  
4143 121ST ST  
URBANDALE, IA 50323

WELLS FARGO FINANCIAL  
521 SE CHKALOV DR  
VANCOUVER, WA 98683

WELLS FARGO FINANCIAL  
800 WALNUT ST  
MAC F4031-080  
DES MOINES, IA 50309

WELLS FARGO FINANCIAL  
PO BOX 660449  
DALLAS, TX 75266-0449

WELLS FARGO FINANCIAL  
1963 BELL AVE  
DES MOINES, IA 50315-1000

WELLS FARGO HOME MORTGAGE  
3476 STATEVIEW BLVD  
MAC X7801-013  
FORT MILL, SC 29715

WELLS FARGO HOME MORTGAGE  
PO BOX 10335  
DES MOINES, IA 50306

WELLS FARGO HOME  
MORTGAGE  
PO BOX 10368  
DES MOINES, IA 50306-0368

WELLS FARGO HOME MORTGAGE  
PO BOX 14411  
DES MOINES, IA 50306-3411

WELLS FARGO HOME MORTGAGE  
PO BOX 30427  
LOS ANGELES, CA 90030

WELLS FARGO HOME  
MORTGAGE  
PO BOX 9039  
TEMECULA, CA 92589-9039

**UNITED STATES BANKRUPTCY COURT  
District of Arizona**

In re Suzanne Victoria Medina ,  
Debtor

Case No. 2:10-bk-36981-RJH

Chapter 7

**VERIFICATION OF LIST OF CREDITORS**

I hereby certify under penalty of perjury that the attached List of Creditors which consists of 3 pages, is true, correct and complete to the best of my knowledge.

Date November 23, 2010

Signature  
of Debtor

/s/ Suzanne Victoria Medina  
SUZANNE VICTORIA MEDINA



# United States Bankruptcy Court

## District of Arizona

In re  
Suzanne Victoria Medina

Case No. 2:10-bk-36981-RJH  
Chapter 7

Debtor(s)

### DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ 2,500.00

Prior to the filing of this statement I have received ..... \$ 2,500.00

Balance Due ..... \$ 0.00

2. The source of compensation paid to me was:

☐ Debtor ☒ Other (specify) Baseball Assistance Team, Inc.

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. [Other provisions as needed]

Initial client conference including analysis of Debtor's financial situation and advice and assistance in determining whether to file a Petition for Bankruptcy; preparation of voluntary Petition in Bankruptcy; assistance in preparation of Statement of Affairs; assistance in preparation of Schedules of Assets and Liabilities; assistance in preparation of Schedule of Exempt Property (individuals only); preparation of Clerk's Master Mailing List; affidavit of petitioner's counsel; representation at first Meeting of Creditors; telephone conferences with Debtor, Debtor's Trustee, Trustee's counsel, Debtor's creditors, or any other interested parties relating to Debtor's case; and post-petition storage of the legal file for the applicable time period.

In a Chapter 13 Bankruptcy, the following additional services are also included:

Assistance in preparation of a Chapter 13 plan, payment schedule and Plan analysis; copying and mailing Chapter 13 Plan; representation at confirmation hearing, if any, or preparation of the Stipulation for Confirmation and the Order Confirming Chapter 13 Plan.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  
Any additional services (not listed above) will be billed at our standard hourly rates.

### CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in the bankruptcy proceeding.

November 23, 2010

*Date*

/s/ James F Kahn

*Signature of Attorney*

James F. Kahn, P.C.

*Name of law firm*

In re Suzanne Victoria Medina  
(s)Case Number: 2:10-bk-36981-RJH

(If known)

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises.
- ☒ The presumption does not arise.
- ☐ The presumption is temporarily inapplicable.

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

### Part I. EXCLUSION FOR DISABLED VETERANS AND NON-CONSUMER DEBTORS

1A

If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.

☐ Veteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 11 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).

1B

If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.

☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.

1C

Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.

☐ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard

- a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and
- ☐ I remain on active duty /or/
- ☐ I was released from active duty on \_\_\_\_\_, which is less than 540 days before this bankruptcy case was filed;
- OR
- b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/
- ☐ I performed homeland defense activity for a period of at least 90 days, terminating on \_\_\_\_\_, which is less than 540 days before this bankruptcy case was filed.

## Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

2	<p>Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.</p> <p>b. <input checked="" type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11.</p> <p>c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</p> <p>d. <input type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</p>				
	<p>All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.</p>			Column A Debtor's Income	Column B Spouse's Income
3	Gross wages, salary, tips, bonuses, overtime, commissions.			\$ 6,826.82	\$ N.A.
4	<p>Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.</p>				
	a.	Gross receipts	\$ 0.00		
	b.	Ordinary and necessary business expenses	\$ 0.00		
	c.	Business income	Subtract Line b from Line a		
\$	0.00	\$	N.A.		
5	<p>Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</p>				
	a.	Gross receipts	\$ 0.00		
	b.	Ordinary and necessary operating expenses	\$ 0.00		
	c.	Rent and other real property income	Subtract Line b from Line a		
\$	0.00	\$	N.A.		
6	Interest, dividends and royalties.			\$ 0.00	\$ N.A.
7	Pension and retirement income.			\$ 0.00	\$ N.A.
8	<p>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.</p>			\$ 0.00	\$ N.A.
9	<p>Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:</p>				
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$ N.A.		
\$	0.00	\$	N.A.		

10	<p>Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.</p> <table border="1"> <tr> <td>a.</td> <td></td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> <td>0.00</td> </tr> </table> <p>Total and enter on Line 10</p>	a.		\$	0.00	b.		\$	0.00	\$	0.00	\$	N.A.
a.		\$	0.00										
b.		\$	0.00										
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$	6,826.82	\$	N.A.								
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$ 6,826.82											
<b>Part III. APPLICATION OF § 707(b)(7) EXCLUSION</b>													
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	81,921.84										
14	<p>Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p> <p>a. Enter debtor's state of residence: <u>Arizona</u> b. Enter debtor's household size: <u>3</u></p>	\$	58,696.00										
15	<p>Application of Section 707(b)(7). Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the "The presumption does not arise" box at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.</p> <p><input checked="" type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.</p>												

Complete Parts IV, V, VI and VII of this statement only if required. (See Line 15).

<b>Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)</b>															
16	Enter the amount from Line 12.	\$	6,826.82												
17	<p>Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.</p> <table border="1"> <tr> <td>a.</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> <td></td> </tr> </table> <p>Total and enter on Line 17.</p>	a.		\$		b.		\$		c.		\$		\$	0.00
a.		\$													
b.		\$													
c.		\$													
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$	6,826.82												
<b>Part V. CALCULATION OF DEDUCTIONS FROM INCOME</b>															
<b>Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)</b>															
19A	National Standards: food, clothing and items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	\$	1,152.00												

19B	<p>National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years or older. (The total number of household members must be the same as the number stated in Line 14b). Multiply line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Household members under 65 years of age</th><th colspan="2">Household members 65 years of age or older</th></tr> <tr> <td style="width: 5%;">a1.</td><td style="width: 35%;">Allowance per member</td><td style="width: 10%; text-align: right;">60.00</td><td style="width: 5%;">a2.</td><td style="width: 35%;">Allowance per member</td><td style="width: 10%; text-align: right;">144.00</td></tr> <tr> <td>b1.</td><td>Number of members</td><td style="text-align: center;">3</td><td>b2.</td><td>Number of members</td><td style="text-align: center;">0</td></tr> <tr> <td>c1.</td><td>Subtotal</td><td style="text-align: right;">180.00</td><td>c2.</td><td>Subtotal</td><td style="text-align: right;">0.00</td></tr> </table>	Household members under 65 years of age		Household members 65 years of age or older		a1.	Allowance per member	60.00	a2.	Allowance per member	144.00	b1.	Number of members	3	b2.	Number of members	0	c1.	Subtotal	180.00	c2.	Subtotal	0.00	\$ 180.00
Household members under 65 years of age		Household members 65 years of age or older																						
a1.	Allowance per member	60.00	a2.	Allowance per member	144.00																			
b1.	Number of members	3	b2.	Number of members	0																			
c1.	Subtotal	180.00	c2.	Subtotal	0.00																			
20A	<p>Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$ 459.00																						
20B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero. <span style="color: red;">MARICOPA COUNTY</span></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td><td style="width: 55%;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 40%; text-align: right;">\$ 1,090.00</td></tr> <tr> <td>b.</td><td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td><td style="text-align: right;">\$ 0.00</td></tr> <tr> <td>c.</td><td>Net mortgage/rental expense</td><td style="text-align: right;">Subtract Line b from Line a</td></tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$ 1,090.00	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$ 0.00	c.	Net mortgage/rental expense	Subtract Line b from Line a	\$ 1,090.00													
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$ 1,090.00																						
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$ 0.00																						
c.	Net mortgage/rental expense	Subtract Line b from Line a																						
21	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> <p>_____</p> <p>_____</p> <p>_____</p>	\$ 0.00																						
22A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.</p> <p><input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 or more. <span style="color: red;">PHOENIX - total includes extra \$200 for 1 old vehicle</span></p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$ 462.00																						
22B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$ 0.00																						

23	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  <input type="checkbox"/> 1   <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Transportation Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$ 496.00</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td> <td>\$ 0.00</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td>Subtract Line b from Line a.</td> </tr> </table>		a.	IRS Transportation Standards, Ownership Costs	\$ 496.00	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$ 0.00	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$ 0.00
a.	IRS Transportation Standards, Ownership Costs	\$ 496.00										
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$ 0.00										
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.										
24	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of that Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$ 496.00</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td> <td>\$ 0.00</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td>Subtract Line b from Line a.</td> </tr> </table>		a.	IRS Transportation Standards, Ownership Costs	\$ 496.00	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$ 0.00	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$ 0.00
a.	IRS Transportation Standards, Ownership Costs	\$ 496.00										
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$ 0.00										
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.										
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.		\$ 1,234.76									
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.		\$ 0.00									
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums on your dependents, for whole life or for any other form of insurance.		\$ 0.00									
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.		\$ 0.00									
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.		\$ 0.00									
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.		\$ 125.00									
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Lin 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.		\$ 1,014.64									
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.		\$ 40.00									
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32		\$ 5,757.40									

Subpart B: Additional Expense Deductions under § 707(b)														
Note: Do not include any expenses that you have listed in Lines 19-32.														
34	<p>Health Insurance, Disability Insurance and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1"> <tr> <td>a.</td> <td>Health Insurance</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> <td>0.00</td> </tr> </table> <p>Total and enter on Line 34.</p> <p>If you do not actually expend this total amount, state your actual average expenditures in the space below: \$ 0.00</p>	a.	Health Insurance	\$	0.00	b.	Disability Insurance	\$	0.00	c.	Health Savings Account	\$	0.00	<p>\$ 0.00</p>
a.	Health Insurance	\$	0.00											
b.	Disability Insurance	\$	0.00											
c.	Health Savings Account	\$	0.00											
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$ 0.00												
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$ 0.00												
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$ 0.00												
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$ 0.00												
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$ 0.00												
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170 (c)(1)-(2)	\$ 20.00												
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40.	\$ 20.00												

\*Amount subject to adjustment on 4/1/2013, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



## Subpart C: Deductions for Debt Payment

42	<p>Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total Average Monthly payments on Line 42.</p> <table border="1"> <thead> <tr> <th></th> <th>Name of Creditor</th> <th>Property Securing the Debt</th> <th>Average Monthly Payment</th> <th>Does payment include taxes or insurance?</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>Wells Fargo Financial</td> <td>Ellis House</td> <td>\$ 3,088.13</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td>b.</td> <td>Wells Fargo Home Mortgage</td> <td>Euclid House</td> <td>\$ 762.36</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td>\$ 0.00</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Total: Add Line a, b and c</td> <td></td> </tr> </tbody> </table>					Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.	Wells Fargo Financial	Ellis House	\$ 3,088.13	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	b.	Wells Fargo Home Mortgage	Euclid House	\$ 762.36	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	c.			\$ 0.00	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no				Total: Add Line a, b and c		\$ 3,850.49
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?																										
a.	Wells Fargo Financial	Ellis House	\$ 3,088.13	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no																										
b.	Wells Fargo Home Mortgage	Euclid House	\$ 762.36	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no																										
c.			\$ 0.00	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no																										
			Total: Add Line a, b and c																											
43	<p>Other payments on secured claims. If any of the debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1"> <thead> <tr> <th></th> <th>Name of Creditor</th> <th>Property Securing the Debt</th> <th>1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$ 0.00	b.			\$ 0.00	c.			\$ 0.00					\$ 0.00					
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount																											
a.			\$ 0.00																											
b.			\$ 0.00																											
c.			\$ 0.00																											
44	<p>Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.</p>				\$ 0.00																									
45	<p>Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.</p> <table border="1"> <tbody> <tr> <td>a.</td> <td>Projected average monthly Chapter 13 plan payment.</td> <td>\$ 0.00</td> </tr> <tr> <td>b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</td> <td>x 9.8 %</td> </tr> <tr> <td>c.</td> <td>Average monthly administrative expense of Chapter 13 case</td> <td>Total: Multiply Lines a and b</td> </tr> </tbody> </table>				a.	Projected average monthly Chapter 13 plan payment.	\$ 0.00	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	x 9.8 %	c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$ 0.00																
a.	Projected average monthly Chapter 13 plan payment.	\$ 0.00																												
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	x 9.8 %																												
c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b																												
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.				\$ 3,850.49																									
Subpart D: Total Deductions from Income																														
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.				\$ 9,627.89																									



### Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION

48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$ 6,826.82
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$ 9,627.89
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$ -2,801.07
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$ -168,064.20
52	<p>Initial presumption determination. Check the applicable box and proceed as directed.</p> <p><input checked="" type="checkbox"/> The amount on Line 51 is less than \$7,075*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> The amount set forth on Line 51 is more than \$11,725*. Check the "Presumption arises" box at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55).</p>	
53	Enter the amount of your total non-priority unsecured debt	\$ N.A.
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$ N.A.
55	<p>Secondary presumption determination. Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.</p> <p><input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.</p>	

### Part VII: ADDITIONAL EXPENSE CLAIMS

56	<p><b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.</p> <table border="1"> <thead> <tr> <th></th> <th>Expense Description</th> <th>Monthly Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td>b.</td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td>c.</td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td colspan="2">Total: Add Lines a, b and c</td> <td>0.00</td> </tr> </tbody> </table>			Expense Description	Monthly Amount	a.		\$ 0.00	b.		\$ 0.00	c.		\$ 0.00	Total: Add Lines a, b and c		0.00
	Expense Description	Monthly Amount															
a.		\$ 0.00															
b.		\$ 0.00															
c.		\$ 0.00															
Total: Add Lines a, b and c		0.00															

### Part VIII: VERIFICATION

57	<p>I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this a joint case, both debtors must sign.)</i></p> <p>Date: <u>November 23, 2010</u> Signature: <u>/s/ Suzanne Victoria Medina</u> (Debtor)</p> <p>Date: _____ Signature: _____ (Joint Debtor, if any)</p>	
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\*Amounts are subject to adjustment on 4/1/2013, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Form 22 Continuation Sheet						
	Income Month 1			Income Month 2		
	Gross wages, salary, tips...	6,826.82	0.00	Gross wages, salary, tips...	6,826.82	0.00
	Income from business...	0.00	0.00	Income from business...	0.00	0.00
	Rents and real property income...	0.00	0.00	Rents and real property income...	0.00	0.00
	Interest, dividends...	0.00	0.00	Interest, dividends...	0.00	0.00
	Pension, retirement...	0.00	0.00	Pension, retirement...	0.00	0.00
	Contributions to HH Exp...	0.00	0.00	Contributions to HH Exp...	0.00	0.00
	Unemployment...	0.00	0.00	Unemployment...	0.00	0.00
	Other Income...	0.00	0.00	Other Income...	0.00	0.00
	Income Month 3			Income Month 4		
	Gross wages, salary, tips...	6,826.82	0.00	Gross wages, salary, tips...	6,826.82	0.00
	Income from business...	0.00	0.00	Income from business...	0.00	0.00
	Rents and real property income...	0.00	0.00	Rents and real property income...	0.00	0.00
	Interest, dividends...	0.00	0.00	Interest, dividends...	0.00	0.00
	Pension, retirement...	0.00	0.00	Pension, retirement...	0.00	0.00
	Contributions to HH Exp...	0.00	0.00	Contributions to HH Exp...	0.00	0.00
	Unemployment...	0.00	0.00	Unemployment...	0.00	0.00
	Other Income...	0.00	0.00	Other Income...	0.00	0.00
	Income Month 5			Income Month 6		
	Gross wages, salary, tips...	6,826.82	0.00	Gross wages, salary, tips...	6,826.82	0.00
	Income from business...	0.00	0.00	Income from business...	0.00	0.00
	Rents and real property income...	0.00	0.00	Rents and real property income...	0.00	0.00
	Interest, dividends...	0.00	0.00	Interest, dividends...	0.00	0.00
	Pension, retirement...	0.00	0.00	Pension, retirement...	0.00	0.00
	Contributions to HH Exp...	0.00	0.00	Contributions to HH Exp...	0.00	0.00
	Unemployment...	0.00	0.00	Unemployment...	0.00	0.00
	Other Income...	0.00	0.00	Other Income...	0.00	0.00
Additional Items as Designated, if any						
Remarks						